

2504

2.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		ORIGINAL	
County of <u>Gila</u>	District of _____	Register No. <u>209</u>	Ter. Index No. <u>82</u>
Town of _____	City of <u>Globe</u>	(No. _____)	St.; _____ Ward
FULL NAME OF CHILD <u>Pete Arena</u>		{ Born { Yes	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>M</u>	Twin, Triplet or other _____	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
Date of Birth <u>Sept 1</u>		19 <u>10</u>	
(Month) (Day) (Year)			
Full Name FATHER <u>Frank Arena</u>		Full Maiden Name MOTHER <u>Mary A Arena</u>	
Residence <u>N. Globe. Martin Hill</u>		Residence <u>N. Globe</u>	
Color or Race <u>W</u>	Age at last Birthday <u>40</u>	Color or Race <u>W</u>	Age at last Birthday <u>32</u>
(Years)		(Years)	
Birthplace <u>Italy</u>		Birthplace <u>Italy</u>	
Occupation <u>miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 1, 1910, at 29 M.

*When there is no attending physician or midwife, then the householder must make this return.

Given or christian name added from a supplemental report _____ 19____

(Signature) R. J. Kennedy

(Attending physician, midwife, householder, *)

Filed Sept 2 1910

Address Globe Ariz

A TRUE COPY.

Filed Oct 1 1910

LOCAL REGISTRAR.

COUNTY REGISTRAR.

711-901-411

COUNTY REGISTRAR.